

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	OMT		
O.I.P.E. CLASSIFIER		48	2/8/99
FORMALITY REVIEW	YC KNO	71470 71477	2/8/99 4/29/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-allowed  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	6/12/92
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓
16	✓
17	✓
18	✓
19	✓
20	✓
21	✓
22	✓
23	✓
24	✓
25	✓
26	✓
27	✓
28	✓
29	✓
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31	✓
32	✓
33	✓
34	✓
35	✓
36	✓
37	✓
38	✓
39	✓
40	✓
41	✓
42	✓
43	✓
44	✓
45	✓
46	0
47	✓
48	✓
49	✓
50	✓

Claim	Date
Final	
Original	6/12/92
51	✓
52	✓
53	✓
54	✓
55	✓
56	✓
57	✓
58	✓
59	✓
60	✓
61	✓
62	✓
63	✓
64	✓
65	✓
66	✓
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83	✓
84	✓
85	✓
86	✓
87	✓
88	✓
89	✓
90	✓
91	✓
92	✓
93	✓
94	✓
95	✓
96	✓
97	✓
98	✓
99	✓
100	✓

Claim	Date
Final	
Original	
101	
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If more than 150 claims or 10 actions  
 staple additional sheet here

(1 FET INSIDE)

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